

**REQUEST FOR DRUG/ALCOHOL TEST**

Request made by: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Name \_\_\_\_\_ JIRMS # \_\_\_\_\_ Living Area: \_\_\_\_\_

Agent Suspected: \_\_\_\_\_

Action leading to request: \_\_\_\_\_

Supervisor receiving request: \_\_\_\_\_ Date: \_\_\_\_\_

Test approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Sample obtained by: \_\_\_\_\_ Date: \_\_\_\_\_

Sample witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Sample secured in refrigerator by (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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Complete this section if sample is tested on-site:

Type of test: \_\_\_\_\_ Date: \_\_\_\_\_

Time test conducted: \_\_\_\_\_ Test conducted by (print): \_\_\_\_\_

Results: \_\_\_\_\_

Signature of employee conducting test: \_\_\_\_\_ Date: \_\_\_\_\_

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Complete this section if sample is sent to lab:

Name of lab conducting test: \_\_\_\_\_

Sample forwarded to lab by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date results reported: \_\_\_\_\_ Via: \_\_\_\_\_ By: \_\_\_\_\_

Test results: \_\_\_\_\_

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This form must be completed for each test conducted. In the event of positive results, a copy of the form, (including test results where appropriate), should be attached to any subsequent Disciplinary/Code of Conduct Report.

Youth refused test:

Youth's signature: \_\_\_\_\_

Staff witness signature: \_\_\_\_\_

Staff witness signature: \_\_\_\_\_